

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000036484

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** NEUROLOGY ASSOCIATES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1625 S.E. 3RD AVE., SUITE #723  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 824007  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBASISH, ROY DEV  
15567 NW 51 STREET  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROY, TANSUSHREE  
Address: 1491 CROFTWOOD DRIVE  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ROY TANSUSHREE

MGRM

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date